

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008497

1. Entity Name
TRAININGWORKS, INC.

Principal Place of Business

1714 DORMONT LANE
ORLANDO FL 32804-5906

Mailing Address

1714 DORMONT LANE
ORLANDO FL 32804-5906

2. Principal Place of Business

605 Greely St.
Suite, Apt. #, etc.

3. Mailing Address

605 Greely St.
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32804

Country

Orange

Zip

32804

Country

Orange

6. Name and Address of Current Registered Agent

KENDRICK, SUSAN
1714 DORMONT LANE 605 Greely St.
ORLANDO FL 32804-5906

4. FEI Number

59-3492479

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10: Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME KENDRICK, SUSAN
STREET ADDRESS 1714 DORMONT LANE 605 Greely St.
CITY-ST-ZIP ORLANDO FL 32804-5906

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Susan Kendrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90105 013 ***150.00

710688



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)